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CONFIRMATION NO. 3060

|  |   |                              |   |                                 |                            |
|--|---|------------------------------|---|---------------------------------|----------------------------|
| SERIAL NUMBER<br>08/777,246  | FILING DATE<br>12/31/1996<br><br>RULE   | CLASS<br>713                 | GROUP ART UNIT<br>2135  | ATTORNEY DOCKET NO.<br>35.G1868 |                            |
| <b>APPLICANTS</b><br>KAZUOMI OISHI, YOKOHAMA-SHI, JAPAN;<br>** CONTINUING DATA ..... <u>HS</u><br>** FOREIGN APPLICATIONS ..... <u>HS</u><br>JAPAN 003603/1996 01/12/1996  |   |                              |   |                                 |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>HS</u><br>Examiner's Signature _____ Initials _____ |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>4  | TOTAL<br>CLAIMS<br>25           | INDEPENDENT<br>CLAIMS<br>6 |
| <b>ADDRESS</b><br>5514<br>FITZPATRICK CELLA HARPER & SCINTO<br>30 ROCKEFELLER PLAZA<br>NEW YORK, NY<br>10112   |   |                              |   |                                 |                            |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR INPUT OF CODED IMAGE DATA   |   |                              |   |                                 |                            |
| FILING FEE<br>RECEIVED<br>1920   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                 |                            |